County: Monroe MORROW MEMORIAL HOME/AGED, INC.

331	HTIIO2	WATER	STREET	

SPARTA 54656 Phone: (608) 269-3168	3	Ownershi p:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	111	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	111	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	109	Average Daily Census:	108
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	81/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	34. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	42. 2
Supp. Home Care-Household Services	Yes	Developmental Disabilities	0. 0	Under 65	1.8	More Than 4 Years	22. 9
Day Services	No	Mental Illness (Org./Psy)	20. 2	65 - 74	7. 3		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	30.3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50. 5	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	10. 1	Full-Time Equivaler	nt
Congregate Meals	Yes	Cancer	0.9		[	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	5. 5		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	39. 4	65 & 0ver	98. 2		
Transportati on	Yes	Cerebrovascul ar	6. 4			RNs	12. 9
Referral Service	Yes	Di abetes	8. 3	Sex	<b>%</b> [	LPNs	5. 6
Other Services	No	Respi ratory	7. 3		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	11. 9	Male	21. 1	Aides, & Orderlies	47. 6
Mentally Ill	No	İ		Femal e	78. 9		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No	İ			100. 0		
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## Method of Reimbursement

		ledicare litle 18			ledicaid itle 19	_		0ther			Pri vate Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	
Int. Skilled Care	3	100. 0	218	5	7. 0	124	0	0.0	0	2	5. 7	148	0	0. 0	0	0	0. 0	0	10	9. 2
Skilled Care	0	0.0	0	<b>56</b>	<b>78</b> . 9	106	0	0.0	0	28	80.0	138	0	0.0	0	0	0.0	0	84	77. 1
Intermedi ate				10	14. 1	88	0	0.0	0	5	14. 3	128	0	0.0	0	0	0.0	0	15	13.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		71	100.0		0	0.0		35	100.0		0	0.0		0	0.0		109	100.0

MORROW MEMORIAL HOME/AGED, INC.

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti d	ons, Services,	, and Activities as of 12/	31/01
Deaths During Reporting Period	`						
8 1 8		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	13.8	Daily Living (ADL)	Independent	0ne (	r Two Staff	<b>Dependent</b>	Resi dents
Private Home/With Home Health	20. 7	Bathi ng	0.0		73. 4	26. 6	109
Other Nursing Homes	5. 2	Dressing	23. 9		67. 9	8. 3	109
Acute Care Hospitals	51.7	Transferring	43. 1		36. 7	20. 2	109
Psych. HospMR/DD Facilities	0.0	Toilet Use	36. 7		40. 4	22. 9	109
Reĥabilitation Hospitals	1. 7	Eati ng	<b>78.</b> 0		16. 5	5. 5	109
Other Locations	6. 9	*************	******	*****	*********	*********	******
Total Number of Admissions	58	Conti nence		%	Special Treat	tments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	6. 4	Receiving I	Respi ratory Care	13. 8
Private Home/No Home Health	12. 7	Occ/Freq. Incontinent	of Bladder	36. 7	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	7. 3	Occ/Freq. Incontinent	of Bowel	11.0	Receiving S	Sucti oni ng	0. 0
Other Nursing Homes	7. 3	Ī			Receiving (	Ostomy Care	5. 5
Acute Care Hospitals	0.0	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0	Recei vi ng 1	Mechanically Altered Diets	24. 8
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Residen	nt Characteristics	
Deaths	72.7	With Pressure Sores		1. 8	Have Advance	ce Directives	93. 6
Total Number of Discharges		With Rashes		5. 5	Medi cati ons		
(Including Deaths)	55				Receiving I	Psychoactive Drugs	50. 5
					_	_	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

\* Ownershi p: Bed Size: Li censure: Nonprofit 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 97.3 88. 9 1.09 83. 5 1.17 84. 4 1. 15 84. 6 1. 15 Current Residents from In-County 83. 5 78.4 1.06 79. 2 1. 05 75. 4 1. 11 77. 0 1.08 Admissions from In-County, Still Residing 55. 2 25.3 2.18 22. 5 2.46 22. 1 2.50 20.8 2.65 Admissions/Average Daily Census 53. 7 108. 1 0.50 125. 7 0.43 118. 1 0.45 128. 9 0.42 Discharges/Average Daily Census 50.9 107.3 0.47 127. 5 0.40 118. 3 0.43 130.0 0.39 Discharges To Private Residence/Average Daily Census 10. 2 37. 6 0.27 51. 5 0.20 46. 1 0.22 **52.8** 0.19 Residents Receiving Skilled Care 86. 2 90.9 0.95 91.5 0.94 91.6 0.94 85. 3 1.01 Residents Aged 65 and Older 98. 2 96. 2 1.02 94. 7 1.04 94. 2 87. 5 1. 12 1.04 Title 19 (Medicaid) Funded Residents 65. 1 67.9 0.96 72. 2 0.90 69.7 0.93 68. 7 0.95 Private Pay Funded Residents 32. 1 26. 2 21.2 22. 0 1. 23 18. 6 1. 73 1. 52 1.46 Developmentally Disabled Residents 0.0 0. 5 0.00 0.00 0.8 0.00 7. 6 0.00 0. 7 Mentally Ill Residents 20. 2 39.0 0.52 35. 8 0.56 39. 5 0.51 33. 8 0.60 General Medical Service Residents 11. 9 16. 5 0.72 16. 9 0.71 16. 2 0.74 19. 4 0.61 49.3 Impaired ADL (Mean) 40.2 49.9 48. 2 0.83 48. 5 0.83 0.82 0.81 Psychological Problems 50. 5 48. 3 1.04 48. 7 1. 04 50.0 1.01 51. 9 0.97 Nursing Care Required (Mean) 0.91 6. 9 0. 93 7.0 6. 4 7. 0 0.91 7. 3 0.88